

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008092

FILED
Apr 30, 2009
Secretary of State

Entity Name: 100 IDEAS.ORG, INC.

Current Principal Place of Business:

2640 MITCHAM DR #A
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2640 MITCHAM DR #A
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 26-0712245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUPREE, ABBY
2640 MITCHAM DR #A
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOFFMAN, ROBIN
Address: 2640 MITCHAM DR #A
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: HOLLY, WILLIAM
Address: 2640 MITCHAM DR #A
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: LONG, OMETRIAS D
Address: 2640 MITCHAM DR #A
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: MORRIS, BERTICA C
Address: 2640 MITCHAM DR #A
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: PROCTOR, MARK
Address: 2640 MITCHAM DR #A
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM HOLLY

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date